



## Declaration for Utility Application

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled Splint System and Method of Use the specification of which ☐ is attached hereto

☒ was filed on January 24, 2004 as Application No. 10/764,123 and ☐ was amended on \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations Sec. 1.56(a). I hereby claim foreign priority benefits under Title 35, United States Code, Sec. 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Application Number	Country	Filing Date	Priority claimed

I hereby claim the benefit under Title 35, United States Code, Sec. 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States' application in the manner provided by the first paragraph of Title 35, United States Code, Sec. 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

Application Number	Filing Date	Status
60/442,453	January 24, 2003	Provisional

First Inventor: Full Name: Robert F. Buckman, M.D.  
Residence: Radnor, PA Citizenship US  
Post Office Address: 125 Chew Lane, Radnor, PA 19087-5207

Second Inventor: Full Name: Jay A. Lenker, Ph.D.  
Residence: Laguna Beach, CA Citizenship US  
Post Office Address: 408 Panorama Drive, Laguna Beach, CA 92651

Third Inventor: Full Name: Donald J. Kolehmainen  
Residence: Laguna Niguel, CA Citizenship US  
Post Office Address: 6 Crested Butte Circle, Laguna Niguel, CA 92677

Fourth Inventor: Full Name: \_\_\_\_\_  
Residence: \_\_\_\_\_ Citizenship \_\_\_\_\_  
Post Office Address: \_\_\_\_\_

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, and any patent issuing thereon.

Date: April 2, 2004

First Inventor   
Robert F. Buckman, M.D.

Date: April 2, 2004

Second Inventor \_\_\_\_\_  
Jay A. Lenker, Ph.D.

Date: April 2, 2004

Third Inventor \_\_\_\_\_  
Donald J. Kolehmainen

Date: \_\_\_\_\_

Fourth Inventor \_\_\_\_\_



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First Inventor Robert F. Buckman, M.D.

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Jay A. Lenker, Ph.D.

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Date: April 2, 2004 Third Inventor Donald J. Kolehmainen

Date: \_\_\_\_\_ Fourth Inventor \_\_\_\_\_



VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY  
STATUS (37 CFR 1.9(f) AND 1.27(c) - SMALL BUSINESS CONCERN

I hereby declare that I am

☐  
☒

the owner of the small business concern identified below:

an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN: Damage Control Surgical Technologies, Inc.

ADDRESS OF CONCERN: 408 Panorama Drive, Laguna Beach, CA 92651

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code. In that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third-party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed, to and remain with the small business concern identified above with regard to the invention, entitled Splint System and Method of Use

invented by: Robert F. Buckman, M.D., Jay A. Lenker, Ph.D. and Donald J. Kolehmainen

and described in ☐ the specification filed herewith or ☒ the application serial no. 10/764,123

filed on January 24, 2004 or ☐ U.S. Patent No. \_\_\_\_\_, issued \_\_\_\_\_

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below\* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business-concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

\*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the Invention averring to their status as small entities. (37 CFR 1.27).

NAME OF CONCERN: \_\_\_\_\_

ADDRESS OF CONCERN: \_\_\_\_\_

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

NAME OF CONCERN: \_\_\_\_\_

ADDRESS OF CONCERN: \_\_\_\_\_

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small business entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: Jay A. Lenker

TITLE OF PERSON SIGNING: President

ADDRESS OF PERSON SIGNING: 408 Panorama Drive, Laguna Beach, CA 92651

SIGNATURE

Jay A. Lenker

DATE: April 2, 2004

## POWER OF ATTORNEY

Damage Control Surgical Technologies, Inc.  
assignee(s) of the application for United States Letters Patent for

Splint System and Method of Use

invented by Robert F. Buckman, M.D., Jay A. Lenker, Ph.D. and Donald J. Kolehmainen

☐ filed herewith, or ☒ having Serial No. 10/764,123, filed January 24, 2004  
a copy of the assignment of which is attached hereto, do(es) hereby appoint as attorneys of  
record with full power of substitution and revocation, to prosecute this application and transact  
all business in the Patent and Trademark Office connected therewith:

Practitioners at Customer Number 23371.


Please send correspondence to:

The above mentioned Customer Number.

I, the undersigned, declare that I am the (an) assignee of the above-identified application or, if the assignee is a corporation, partnership or other association, I am authorized to make this appointment on behalf of the assignee and I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Assignee's Name: Damage Control Surgical Technologies, Inc.

Assignee's Address: 408 Panorama Drive, Laguna Beach, CA 92651

Signature: 

Declarant's Name: Jay A. Lenker

Declarant's Address: 408 Panorama Drive, Laguna Beach, CA 92651

Date: April 2, 2004

Title President